N. B.

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RECORD	PHYSICIANS of OCCUPAT
IK-THIS IS A PERMANENT	AGE should be stated EXACTLY. properly classified. Exact statement
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ery liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS shoul LUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is portant. See instructions on back of certificate.
WRITE	ery item of infounds in the contract. See ins

CA

1 PLACE OF DEATH

4902

STATE OF MARYLAND CERTIFICATE OF DEATH

(D)	Registration Dist. No.
Village or City Justice (No. 3	St.; Ward) [If death occurred in a hospital or institution, give its NAME iostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	1913 to apr , 1913, that I last saw half alive on apr 8 , 1913.
7 AGE 18 yrs. 5 mos. ds. OR	and that death occurred on the date stated above, at 4.30 am, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind et work	(Duration) 3 Grs. mos. ds.
9 BIRTHPLACE (State or country) Charles Co. Doch	Contributory (Secondary) (Duraflon) yrs mos ds.
FATHER Prichard Barbour 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed), 191 3 (Address) Programmed Address), M. D. *State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME Signi Whieler 13 BIRTHPLACE OF MOTHER (State or country) Charles Co, and 1	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds.
(Interment) Product Barbons	Where was disease contracted, If not at place of death? Former or usual residence
(Address) / Press (10) (20%) 15 Filed Oke 11, 191. 3 REGISTRAR	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL ADDRESS ADDRESS
If more blanks are nouled address Class D. I. A.	secular of nomposition easily

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative realthfulcated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Hacmorrhage," "Inanition," "Mares. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis uant ncoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin : "Can Examples:



BINDING FOR RESERVED MARGIN

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

N.B.

1 PLACE OF DEATH

4903

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 109

fromsides M.

	Village or City Mondedy (No	St.; Ward) Bure St.; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 [DATE OF BIRTH April 3 1913 (Month) (Day) (Year)	that I last saw halive on, 191,
8 (It LESS than 1 day,hrs, OCCUPATION a) Trade, profession, or	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(b bu wi	State or country) articular kind of work	(Duration) yrs. mos. ds. Contributory. (Secondary)
10 NAME OF FATHER Wishing of Bawil 11 BIRTHPLACE OF FATHER OF COUNTRY) Carles Carlot Country Carles		(Signed) (Si
В	of Mother Lasa a Davis 13 BIRTHPLACE OF MOTHER (State or country) Charles Camd THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Musly of Barrie	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds. Where was disease contracted, It not at place of death? Former or usual residence.
16 Fl	(Address) pronsides Chas Como	19 place of Burial or REMOVAL DATE OF BURIAL Alone buring fround 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Mosley of Bowel

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (q) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. childbirth or miscarriage, as "Purreral septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhanstion," cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "Purrereal peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Never report Examples:



PERMAN BINDING

PHYSICIANS

EXACTLY.

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RECORD

1 PLACE OF DEATH

CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No... [If death occurred in a hospital or institution. give its NAME instead of street and number. T PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH levrel 31, 1913, to (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH' was as follows: mos. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, pe business, or establishment in тау which employed (or employer) Contributory 9 BIRTHPLACE certificat (Secondary) (State or country) that 10 NAME OF FATHER (Signed) 80 50 back 11 BIRTHPLACE terms, ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER in the of death yrs. mos. ds. r State yrs, EAT Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. ā Former or OF usual residence. mportant. Every It DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.

STATE OF MARYLAND

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological control co

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN V. S. No. 1.

PLACE OF DEATH	1005	1.	STATE OF MAR	YLAND
County 6 horles	4905	(101)	CERTIFICATE OF	DEATH
2/			Registration Dist.	No. /0 4
Village or City Paysu	LL (No.	Med 1	St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME	ames To	1300	vi	
PERSONAL AND STATISTI	ICAL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
Male Black	MARRIED, Marrie WHOWED, ORSIVEROED (Write the word)	16 DATE OF	DEATH April (Month)	(Day (Year)
6 DATE OF BIRTH	(Write the word)	17	I HEREBY CERTIFY, That I	attended deceased from
Jenn-	1.8		, 191, to	191
(Month)			w hallye on	, 191
7 AGE	It LESS	- III LIIGE GOE	th occurred on the date stated a	bove, atm,
65 yrs —	mos ds. OR m	THE UNDSE	OF DEATH* was as follows:	0
BOCCUPATION		Thene	by Certify that I	have Extended
(a) Trade, protession, or particular kind of work	enter	the Ci	reum stancer h	nder Which
(b) General nature of Industry,		Phi a		and also
business, or establishment in which employed (or employer)	//	reine	of the so (Duration)	yrs mos ds.
9 BIRTHPLACE (State or country)	1 1	Contribut Secondar	ory of	nec
(State or country) 6 hor	to les, me) secondar		
10 NAME OF FATHER SALE S	nown	(Signed)	ohn Haredu	yrs mas ds.
OF FATHER	,	aps	, 191 B. (Address) Pake	¿ Creek ma
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Maryo Co, M	*State tl CAUSES, St TAL, SUICH	ne DISEASE CAUSING DEATH, or, late (1) MEANS OF INJURY; and AL, or HOMICIDAL.	n deaths from VIOLENT (2) whether Acciden-
a 777-17	nown	18 LENGTH	OF RESIDENCE (FOR HOSPITALS, IN	
13 BIRTHPLACE OF MOTHER (State or country)	/moron	At place of death	yrs mos ds. State	yrs ds
14 THE ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	Where was dise	ase contracted, It death?	
(Intermant) Canzal	mown	Former or		
(Address) Haysid	e mel	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1		DATE OF BURIAL
15		Shilin	Comely 1	mil 3 , 191 3
Filed April 3, 1913. Hans	m. Hard.	20 UNDERT	AKER	ADDRESS
If more blanks	Pro pooled address State		. Whade &	apoede mel.
II more blanks	are needed, address State	Registrar, 6 E. Fran	klin St., Balto., Requesting V. S. 1	No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerparal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—aecident; Revolver wound of head—homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 3 1913
BUREAU, V.S.

RECORD	PHYSICIANS should of OCCUPATION is
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
WRITE PLAINLY, WITH	m of Information should be of Information should be of

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Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... If death occurred in St.:....Ward) a hospital or Institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED MAS 4 COLOR OR RACE (Dav) (Write the word) I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH 1913 to 4 that I last saw h 1 allve on (Day) (Month) If LESS than 7 AGE 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or narticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) (Duration) FATHER ō See Instructions on back 11 RIRTHPLACE RENT OFFATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, ____ mos. ds Where was disease contracted. If not at place of death? Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA

Af more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

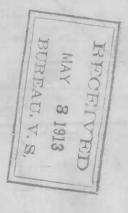
ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of Ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should he taken to report specifically the occupations duties of the household only (not paid Housekccpers Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, It should he used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will he sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. egistration Dist. No. [If death occurred inWard) a hospital or institution. give Its NAME Instead of street and number.] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MARRIED, Married 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED, (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw he alive on 4 (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at ... H. . R. m. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. usual residence PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

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[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 10 It death occurred in St :----Ward) a hospital or Institution. give Its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory ⁹ BIRTHPLACE (State or country) (Secondary) (Buration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ÁDDRESS

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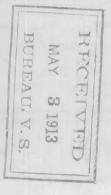
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not minc, etc. statement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the diberable causing death—In all all respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dipneumonia,"); Lodar pneumonia; Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATI CERTIFICATE OF DEATH Registration Dist. No. If death occurred in -Ward) a hospital or institution. give its NAME instead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than 1 day,hrs. as follows: OR 7 BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MRANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country _____ yrs. mos. ... ds. Sfafe yrs, ____ mos. ds. Where was disease confracted. THE BEST OF MY KNOWLEDGE If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Pranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing disease it to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcinbosis of lungs, meninges, peritonacum, etc..

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STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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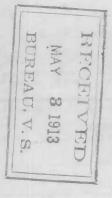
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 103 It death occurred in Village or City St.:....Ward) a hospital or Institution, give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE if LESS than and that death occurred on the date stated above, at 6.5 1 dayhrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Ouration) yrs.... which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Address) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. mos. ds. State yrs, ____ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.

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Very PHYSICIANS should state 4912 OCCUPATION IS (No. 0 PERSONAL AND STATISTICAL PARTICULARS Exact statement S SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO. Write the word) 6 DATE OF BIRTH 6 08 properly classified. (Month) (Day) (Year) If LESS than TAGE f day hrs. OR 7 BOCCUPATION (a) Frade, protession, or particular kind of work (b) Geoerat nature of Industry, pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 0 o back S 11 BIRTHPLACE DEATH in plain terms, PARENT OF FATHER (State or country) Instructions on 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) See 0 Every item CAUSE OF Important. 15 m REGISTRAR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or Institution, give its NAME lostead of street and number. 7

MEDIC	AL CERTIFICATE	OF DEATH
16 DATE OF DEATH	affect (Month)	/2, 1913 (Day) (Year)
17 I HER	EBY CERTIFY, The	it I attended deceased fro
march 25	, 191.3., to	Spiel 18 , 1913
that I last saw h	alive on April	· 18 4 , 1913
and that death occurre	d on the date state	ed above, at 2 a
The CAUSE OF DEAT	H * was as follows:	:
menn	uma (B	ronelio-)
******************************		about 3 wiefen
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(Duration)	yrs. mos.
Contributory(Secondary)		
(0)		yrs mos d
		Plate Ind
7/		
CAUSES, state (1) M TAL, SUICIDAL, OF HO	EANS OF INJURY: 2	r, In deaths from VIOLENT and (2) whether ACCIDEN-
18 LENGTH OF RESIDE	ENCE FOR HOSPITAL	S. INSTITUTIONS, TRANSIENT
OR RECENT RESIDENT	s) In the	
ot death yrs m		yrs, dos d
Where was disease contracte	ed.	71.04 Miles ( U
pot at place of death?		77 40 5 5 11 11 11 11 11 11 11 11 11 11 11 11
Former or usual residence	***** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL  ALL  1913
20 UNDERTAKER	PR 6	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

"Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. injury, as fracture of skuli, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), .29 ds.; valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



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PHYSICIANS

PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Ilf death occurred le a hospital or Institution. give its NAME instead of sfree1 and number. 7

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary Arcman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

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genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. cause of death approved by Committee on Nomencla such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de: valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1913
BUREAU, V.S.

V. S. No.

Village or City Pomonthy (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Mingule WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  200. 26 , 1898  (Month) (Day) (Year)	that I last saw h the alive on Mach 6 ,191 3.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Contributory (Secondary)  (Duration) yrs. mos. ds.  (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER Mary descripted  13 BIRTHPLACE OF MOTHER (State or country) Colocal Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Indesert X Planes of	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Princelscy Tocal  Filed affile, 1913 Co. 7. Inashall  Sputy Se skal Registran  If more blanks are deeded, address State Registrar, 6 1	Nech Church address  20 UNDERTAKER  Win Mahvoney  Cov Reh  Con Reh

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. if the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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PLACE OF DEATH STATE OF MARYLAND PHYSICIANS should state of OCCUPATION is very CERTIFICATE OF DEATH County .... Registration Dist. No Village or City La Plata [if death occurred in St .: Ward) a hospital or Institution. give its NAME instead of street and number. 7 ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Month) (Year) (Day) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... 7 properly BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry, over pe business, or establishment in ... (Doration) may which employed (or employer) ..... 9 certificate. Contributory ⁹BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 90 terms, 11 BIRTHPLACE FNI OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT LO CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions of OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country At place See Instr of death _____ yrs. ___ mos. ___ ds. State _____ yrs, ____ mos. __ Where was disease contracted. It not at place of death?..... OF usuai residence. Every item CAUSE OF Important. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 20 REGISTRAR

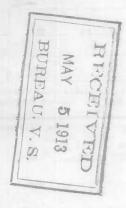
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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RECORD

1 PLACE OF DEATH  CAUSE 4916	STATE OF MARYLAND CERTIFICATE OF DEATH
County County 1010	Registration Dist. No.103
Village or City DEL Clear (No	St.; Ward)  [If death occurred is a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal E african (Widowed, Widowed, ORDIVORCED (Wite the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Bay) (Year)	that I last saw h alive on 191
7 AGE It LESS than 1 day,hrs. 6 ds. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION  (a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Denole Priemina.  (Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country) Olicitles Cv.	Contributory (Secondary) (Quration) yrs mos 4 ds
10 NAME OF Philip & Holly	(Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country) Prince Euft C.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Mary Q. Lumpsu	TAL, SUICIDAL, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs,
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) DEl Celling	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 7, 1913 Charles W Roby Joeal REGISTOR	20 UNDERTAKER ADDRESS Belatton

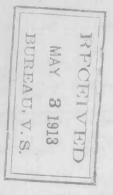
If more blanks are needed, address State Regis trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUEEPEEAL periionitis," etc. childbirth or miscarriage, as "Turrperal scottchacetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion, death), 29 ds. State cause for Never report Examples:



r. B. No. 1.

N. B.

Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village or City Sayton (No. 2 FULL NAME Hannah Joh	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowed, WIDOWED, Widowed OR DIVORCED (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1912, to April 6, 1913.,
(Month) (Day) (Year)	that I last saw helm alive on, 1913.
TAGE  It LESS than 1 day, hrs. OR min.?  Columnia of work  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  AGE  It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, st. 7 m.  The CAUSE OF DEATH* was as follows:  Messey  (Duration)  The Cause of Death of the Cause
which employed (or employer)  BIRTHPLACE (State or country)  Maryland	(Secondary)
10 NAME OF FATHER HURRY Posey  11 BIRTHPLACE OF FATHER (State or country) Maryhand  12 MAIDEN NAME OF MOTHER MARY AND	(Signed) (Deration) yrs. mos. ds.  (Signed) (Sig
OF MOTHER Mary Thompson  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  May Daniel Venderson	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Gray Fon Md.  Filed Office 21, 1913  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Nanturay Churchyard April 191. 3  20 UNDERTAKER  ADDRESS  Lielle a mas Chimkson Dane as lylnd

If more blanks are needed, address State Hegistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. figation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mia," "PUERPERAL peritonitis," etc. ture of the American Medicai Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Purpural septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of .. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



m. ż

state

RECORD	PHYSICIANS should of OCCUPATION I
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in Important. See instructions on back of certificate.
VITH UNFADING IN	d be oarefully supplied. ns, so that it may be ack of certificate.
WRITE PLAINLY, W	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
	CAU

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 10 It death occurred in St.: Ward) a hospital or Institution. give its NAME instead of street and number. I ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h Malive on ... (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 12,000 m 1 day, .... hrs. The CAUSE OF DEATH * was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, er particular kind et work. (b) General nature of Industry. business, or establishment la (Doration) which employed (or employer) 9 BIRTHPLACE Contributors (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 191 7 (Address) ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

At place	In the			
ot death yrs mos ds.	State	yrs,	mos.	ds
Where was disease contracted.				-
It not at place of death?				

Former or

OR RECENT RESIDENTS)

usual residence

19 PLACE OF BURIAL O	RREMOVAL
Cornwall	ree neck
20 UNDERTAKER	

DATE OF BURIAL

13 BIRTHPLACE OF MOTHER (State or country)

(Address) .---

Filed Capper 8 26, 191-

(Informant)

15

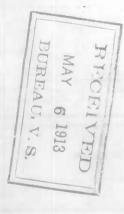
If more blanks are needed, address State Registrar, 6 E. Franklin St./ Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

ninc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divers the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar precumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

inus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing death), 29 ds.: childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Fxhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway trainis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can Examples:



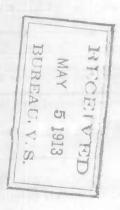
Gounty Charul	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 108
Village or City Pallon (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
2 FULL NAME Living allon	Muskale ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  After 2, 1913.  (Month) (Day) (Year)  170 I HEREBY CERTIFY, That J attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw have allow on 28 met , 1913
7 AGE   1 LESS than 1 day,hrs. ORmio.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Frade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment to	Caused by affall accident
9 BIRTHPLACE (State or country) Chause Country	Contributory Jull from high fence. (Secondary)  Vecidari (Daration) yrs. mos. ds.
11 BIRTHPLACE (State or country)  Manuel Lounly  12 Maiden Name OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) lehauls lounly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds.
(Interment) Amus Mushale	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 10 allow My  15 Filed 4/5, 1913 J.M. Millerson Registrate	Non Wesly Cemetery 4/5, 1913  20 UNDERTAKER  BOLLOW WASHINGTON ADDRESS  OR OF BURIAL  ADDRESS
CARD OF V	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cróup"); Typhoid fever (never report "Typhoid pineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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BINDING FOR RESERVED MARGIN

PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

2

RECORD

PHYSICIANS should state of OCCUPATION TO VET stated EXACTLY. -Every item of information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

1 PLACE

of DEATH	4920	1		
Grayto	70 (No		0	1./

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 102
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St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead

*FULL NAME Colla I Mu	af street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  J HEREBY CERTIFY, That J attended deceased from
B DATE OF BIRTH March 20, 1860 (Month) (Day) (Year	2 april 26, 1913 to april 30 1910.
7 AGE   If LESS 11 1 day,	The CAUSE OF DEATH* was as follows:
GOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Followed by appley if  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Philadelphia Pa	Gontributory (Secondary) (Derailop) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Phila, Tales  12 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) Saul G Sease, M. D.  , 191 (Address) State (10 MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Colega Mucul  13 BIRTHPLACE OF MOTHER (State or country)  Phila Pa	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds, State yrs, mos, ds.
(intermant)	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Tay Low	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	20 UNDERTAKEN Church yord ADDRESS

REGISTRAR

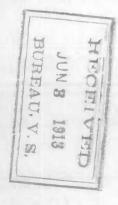
if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Puenperal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



PERMANENT RECORD

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# 1 PLACE OF DEATH

4921

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;	V	V	a	٢	ď	١
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[If death occurred in a hospital or institution,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Mule Glosed (Write the word)	16 DATE OF DEATH  (Month)  17  1 HEREBY CERTIFY, That	(Day), 191.
TAGE    Chick 22   190     (Month) (Day)   Year     Tage	that I last saw h has alive on All and that death occurred on the date state  The CAUSE OF DEATH & was as follows:	Juie / 7 , 191 3
6 OCCUPATION (a) Frada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Caule Surveyee (Secondary)	Perilonilia  yrs mes 8 ds.
TATHER ORIGINAL AND	*State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	nd (2) whether ACCIDEN-
OF MOTHER (State or country) Churches Covenly  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Carlon Purple  (Address) Malculum Ind.		DATE OF BURIAL
Filed 4/18, 1918 V. M. Welserson	20 UNDERTAKER for	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purpural septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrills. nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds.; Never report Examples: For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-	PLACE OF DEATH 4922	STATE OF MARYLAND
C	ounty Charles 100	CERTIFICATE OF DEATH
	7,	Registered No. 2
V	illage or City Naufemor (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
-	*FULL NAME CUAN FALLE	110000g1/100g
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Siste	Surale Black Single, widow or or over the word)	16 DATE OF DEATH Of Silver (North) (Day) (Year)
6 p	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	1834	1912, to TW 1913.,
	(Month) (Day) (Year)	that I last saw hallve on
TA		and that death occurred on the date stated above, at / m,
	79 yrs — mos. — ds.   1 day,hrs.   0 Rmin. ?	The CAUSE OF DEATH* was as follows:
8.0	CCUPATION Mos Os.   OR Os.   OR	Lakin Suddenly and died before
	Trade, profession, or	Securing medical attention Law Cake
	ticular kind of work	after death no onfury or violines
	Genoral nature of Industry, iness, or establishment in	Heart disease sugar factions to the selections
	ch employed (or employer)	
9 BI	RTHPLACE tate or country) Charca Md	Contributory. (Secondary)  (Daration) yrs mos 6s.
	10 NAME OF JESS ROSS	(Signed) , M. D.
IS	11 BIRTHPLACE	, 191 (Address) Stay for Ind
ARENT	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER Darah Jawyer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos, ds.
141	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) George Montgomery	Former or usual residence
	(Address) May tow May	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5 Fill	an april 5.191 8	29 UNDERTAKER BY ADDRESS
3 11	REGISTRAR	felliam Thompson Doncasty
-	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the material worked on may form part of the second the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the Dibraba CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," oma. Narcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailsby carbolic acid—probably suicide. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial sephritis. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of The nature of the For vio-



V. B. No. 1.

	PLACE OF DEATH 4923	STATE OF MARYLAND CERTIFICATE OF DEATH
C	ounty March	Registered No. /02
Ý	*FULL NAME Elworth M	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI 20 8 D	ATE OF BIRTH  (Month)  (Day)  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  (Month)  (Day)  7 Cear)	18 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That attended declased from that I last saw him all won.  191
7 A		and that death occurred on the date stated above, at 100 m, The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION ) Trade, profession, or rticular kind of work	Fill imprafice for a Dro voolende or Infusy  (Duration) yrs. 2 mos. 7 ds.
(S	latte or country) Cohar Cr Mil	Contributory(Secondary)  (Deration) yrs mos ds.
P	10 NAME OF FATHER UNKNOWN	(Signed) Speake, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PARI	12 MAIDEN NAME Natallie Montgomer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	At place of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
15 File	ed Registrar	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Mrhoke Church akrif 28, 1913  20 UNDERTAKER ADDRESS  Assephmontgomes fromsedes mod
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

*statement. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all discases resulting from (name origin; "Can-Examples: For vio-



PLACE OF DEATH 4924	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registered No. 10 6
Village or City Indian Thatho.	St; Ward)  St; Ward)  An A
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sample Winds the word)  3 SEX  4 COLOR OR RACE  MARRIED, Married, Married, Middle, Middle, Middle, DROWORCED (Write the word)	15 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw hours alive on April 16 1913.
7 AGE II LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at 930 a.m. The CAUSE OF DEATH * was as follows:  Analysis Core core
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment la which employed (or employer)  BIRTHPLACE (State or country)  Bacterial Records  Company Records  Bacterial Records	Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Jesse Myesse (Address) Indian Had Md.	If not et place of death?  Former or usual residence
Filed Ceft (), 1913 Shurthanshar Levine REGISTRAR	Ballinne leed Him 18. 1913.  1990 NOERTAKER PENTER. PISAPPRESS 7nd  Stan Cocon Bulling lad
of more blanks are needed, address State Registrar, 6 H	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. mine, etc. Women at home, who are engaged in the duties of the home told only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: applies to each and every person, irrespective of age. gainfully employed, as At school or At home. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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DEATH

CAUSE OF Important. S

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PHYSICIANS should of OCCUPATION is

RECORD

1 PLACE OF DEATH STATE OF MARYLAND 4925 CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at.... f day,....hrs. The CAUSE OF DEATH* was as follows: yrs. ______ds. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country In the of death ...... yrs. ..... mos. ..... ds. State ..... yrs. ___ mos. Where was disease contracted. If not at place of death?..... Former or usual residence... DATE OF BURIAL 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, e. g., Farmer or Planter, it should be used only when needed. the nature of the business or industry, and therefore an For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



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DEATH

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Item CAUSE OF Important.

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No.

RECORD

1 PLACE OF DEATH 4926 PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. marread WIDOWEO, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE t day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work, (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Informant) ala (Address)..... 15

#### STATE OF MARYLAND CERTIFICATE OF DEATH

100 Registered No.

t ;Ward)	. [It death occurred land a hospital or institution
	give its NAME instea
	of street and number 1

DORESS

MEDICA	L CERTIFICATE	OF DEATH	
18 DATE OF DEATH	april (Month)	23,	1913 (Year)
17 I HEREI April 22. that I last saw h last	~ // ,	il 23	., 191.3.
and that death occurred	- // -		
The CAUSE OF DEATH	* was as follows:		
Contributory (Secondary)	(Ouration)	yrs. mos.	/ ds.
(Signed)	(Address) La		, M. D.
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOR	CAUSINO DEATH, OF	In deaths from	VIOLENT
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place ot death yrs. mo Where was disease contracted if not at place of death? Former or usual residence.	In the state.		
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BUR	IAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankiin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Cengus and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; it should be used only when needed. As examples who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite safary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Sdlesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation.-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (3)

Statement of cause of death—Name, first, the displays causino death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritongeum, etc... Carcin-

such, if impossible to determine definitely. Examples: childbirth or misearriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," valpular heart disease; Chronio interstitigi nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For wiemia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT V. B. No. 1.

B.

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-		**************************************
1	PLACE OF DEATH 4927	STATE OF MARYLAND
		CERTIFICATE OF DEATH
60	ounty Charles	Registered No. 13
		Tif death occurred in
V	illage or City Man La Plala (No.	St; Ward) a tospital or institution,
		give its NAME instead of street and number.]
	FULL NAME Emma Proel	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH ASIL 4 1913
2	semals colored ORDIVORCED	(Month) (Day) (Year)
_//	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
0 D	ATE OF BIRTH South knive 1877	1913, to april 1913,
	(Month) (Day) (Year)	that I last saw h allve on after 2 2 1913
TA	l is seen u	and that death occurred on the date stated above, at
	about 1 day,hrs.	The CAUSE OF DEATH* was as follows:
_	36 yra. mos. ds. OR min.?	
	CCUPATION ) Trade, prefession, or  House with	Lobar Oneumona
-	riigular king of work	24-4
bus	General nature of industry, iness, or establishment in	(Duration)yrsmosds.
wh	ich employed (or employer) . A	Contributory
(S	IRTHPLACE tate or country) Prime George End	(Secondary)
	10 NAME OF	(Duration) yrsmosds.
	FATHER Min Biller	(Signed) / D. O. N. D.
S	11 BIRTHPLACE	Afril 4th, 191 3 (Address) La Blata My
Z	(State or country) Onne Ling listy	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
ARENT	12 MAIDEN NAME OF MOTHER CO	TAB, SUICIDAL, OF HOMICIDAL.
۵	Chyabelle Proches	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Prince Ling to Mis	At place In the of death yrs. mos. ds. State yrs, mos. ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
	(Informant) M. E. Proclus	Former og 7 = 2
		usual residence
	(Address) La Olala (MO)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Les Ble M.DI	20 UNDERTAKER 2/2 ADDRESS
-	work all was Marchy Ul Down	- OHDERIARER ALLA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Charles St. Roby Haro Belatton

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Caroin-

affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 8 1913 .
BUREAU, V.S.

MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	illage or City Clean 128 (No.	CE CE	STATE OF MACRIFICATE ( Registration DSt.;War	OF DEATH  Dist. No. 1 3
	FULL NAME Rate Aroc	for	***************************************	of street and number.]
11	PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE O	F DEATH
3	enal & Carreau Single, Married, Wilowed, ORDIVORCED (Write the word)	16 DATE OF DEATH	(Month)	(Day) , 1913
6 D	May 7, 1876. (Month) (Vay) (Year)	that I last saw h	1913, to af	Lattended deceased from 191.3
7 A C	36 yrs. / 0 mos. / ds.   If LESS than t day, hrs. or min.?	and that death occurr		1
(a)	Trade, profession, or ficular kind of work.	aran	i pois	ung
bus whi	General nature of Indústry, ness, or establishment in ch employed (or employer)	Contributory /	Brish c	yrs. mos 3 love ds.
(S	RTHPLACE (ate or country) Charles Co	Ould But	(Duration)	2 ure - man
	10 NAME OF FRATHER Frank Strain	(Signed)	Jones .	, M. D.
PARENTS	OF FATHER (State or country) Charles Cop	Causin, state (1) It	CAUSING DEATH, OF,	In deaths from VIOLENT d (2) whether Acciden-
PAR	of Mother Margart lumpsus	16 LENGTH OF RESID	ENCE (FOR HOSPITALS	Institutions, Transients,
	13 BIRTHPLACE OF MOTHER (State or country) Charles Ca	At place of death yrs	mos ds. State.	yrs, ds
	(Informant) Selful Suctor	Where was disease contractif not at place of death? Former or usual residence		
15	(Address). Cellens teral	Is Thoma	or REMOVAL	april 6 , 191 \$
Fil	ed aprily 1913 Charles MBN by REGISTRAN	Charles Mi	Roby Alex	Belallon
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto.,	Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applles to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death.—Name, first, the disease causing death.—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "l'uneperal septichaecause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nent neoplasms); Measles; Whooping cough; Chrowie oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for or as probably Never report Examples:



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No. vi 1 PLACE OF DEATH

County Cheerles 4929	CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 10.3
Village or City Bel alle (No.	St.; Ward)  [If death occurred a hospital or instituting give its NAME instead of street and number.]
2 FULL NAME / FEURY frunk	Meldisk
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hilf MARRIED, WIDOWED, ORDIVORCED Meurit	18 DATE OF DEATH  (Month) (Day) (Year)
BDATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased Iro
(Month) (Day) (Year)	that I last saw h in allve on Um 11 1913
AGE (Month) (Day) (Tear)	and that death occurred on the date stated above, at /0-3 P. n
3/ yrs. // mos. /8 ds. ORmin.?	The CAUSE OF DEATH * was as lollows:
BOCCUPATION (a) Trade, protession, or A A frank Formous particular kind of work	Muffurd Confirmation
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. / mos. 6
(State or country) Connecuedall Co,	(Secondary)  Contributory Curter Markers + Unit
10 NAME OF John Reddink	(Signed) Systematic M.
11 BIRTHPLACE OF FATHER (State or country) annemuelell Co,	Office 12 1943 (Address) Joseph Cull MA
12 MAIDEN NAME OF MOTHER downse Karl	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place in the of death yrs
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Interment) Whilesurum Aug Prefelish	Former or usual residence
(Address) BER Celson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 12, 1913 Charles HRoby	20 UNDERTAKER 1 ( ADDRESS )
Page REGISTRAR	" III DILLA LIKE Y DALLE

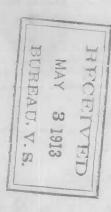
STATE OF MARYLAND

[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line, will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman," (6)

Statement of cause of death—Name, first, the misease causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, periionaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "Puerperal peritonitis." etc. childbirth or miscarriage. as "Tuerpenal septichacetc., when a definite disease can be ascertained as the mus," "Hart failure," "Haemorrhage." "Inanition," "Marasgenitai," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nast neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Traemla," "Weakness," ... (name origin; "Can-State cause for "Exhaustion," Never report Examples:



N. B.

1 PLACE OF DEATH

County Lo hailes 4500	CERTIFICATE OF DEATH
	Registration Dist. No. 105
Village or City Sury (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fremale While Single,  MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)-  17  1 HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw help alive on Africe 2/ 1913.
7 AGE If LESS than f day,hrs.	and that death occurred on the date stated above, at 2 am, The CAUSE OF DEATH* was as follows:
**SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Oftofiletes  (Ouration) yrs. mos. o ds.
9 BIRTHPLACE (State or country) Whallo bounts	Contributory Tinisal Paraly Oil
11 BIRTHPLACE OF FATHER (State or country) Charles Country  W 12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) . Morros M. D.  (Signed) . Morros M. D.  4. 22 , 1913 (Address) . Malsof M. G.  *State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENCE
12 MAIDEN NAME OF MOTHER Saw Stunte	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death
(Informant) R. A. McDanue	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 2 1913 IM Malkerson Registran	Private Camelery Friedle 423, 1913.  20 UNDERTAKER  Private Cyou  Appress  Valdor
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

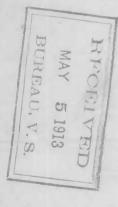
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the nisease should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioby earbolic acid-probably suicide. The nature of the ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report



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No.

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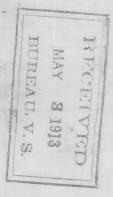
PLACE OF DEATH 4931	STATE OF MARYLAND
County Muslus	CERTIFICATE OF DEATH
0//	Registration Dist. No.
Village or City Huntury (No. )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED ORDIVORGED ORDIVORGED ORDIVORGED ORDIVORGED	16 DATE OF DEATH  (Month)  (Day)  (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than	and that death occurred on the date stated above, at.,
76 yrsds.   1 day,hrs.	The CAUSE OF DEATH* was as follows:
B OCCUPATION 1	
(a) Trade, profession, or particular kind of work	
particular kind of work  (b) General nature of Industry,	Coll frex 1
business, or establishment in	(Duration) yrs. mos.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	(Secondary)
Cuar 10	(Duration) yrsmosds.
10 NAME OF FATHER OF MAN THE MAN THE	(Signed) 6 Canar
Junearon o Energy sea	
11 BIRTHPLACE OF FATHER	Clyr 26 49+3 (Address) 2 2 Celsru
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER fame facts on	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOURS
13 BIRTHPLACE OF MOTHER (State or country) Ches Co	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Josephine Wheeler	Former or
(IIII) Man I man I	usual residence
(Address) I flutury, Mg.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed April 26, 1913 Trung M. Ward	20 UN DERTAKER ADDRESS
THEU THE REGISTRAR	Geo St. O'hade. Marsill 'm.
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

mus," injury, as fracture of skuil, and consequences (e. such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puzzereal scottchae cause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrbage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent "Old Age," "Shock," "Traemia," "Weakness," Measles (disease causing death), 29 ds. "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name orlgin; "Can-State cause for Never report Examples:



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PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH 40 Registration Dist. No. 10 OCCUPATION ..Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 5 SINGLE, BSEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from Exact 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... min. ? properly BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) may which employed (or employer) -----Contributory. 9 BIRTHPLACE (State or country) (Secondary) certifical 10 NAME OF FATHER (Signed) 23, 191 3 (Address) LL 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEARTI, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL Diain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER State or country ____ yrs. ___ mos. ___ ds. State ...... yrs, ...... mos, ..... ds. DEATH Where was disease contracted. If oot at place of death? See OF usual residence mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Address 1 CAUSE 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilt death occorred in

a hospital ar institution.

give its NAME lastead of street and number. 7

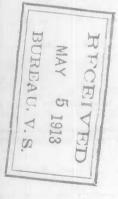
(Day)

[Approved by U. S. Census and American Public Health Association.]

*material worked on may form part of the second . statement. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry; and therefore an applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccccbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaegenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convuisions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ampie: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as -heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

S. No. 1.

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PLACE OF DEATH 4700	STATE OF MARYLAND
County Chas	CERTIFICATE OF DEATH
Village or City La Platano.	Registration Dist, No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME Susau	V Illa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale A color of RACE Single, MARRIED, WILDOWE, ORDIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
May 25, 1887	Sept. 15, 1913, to Opt. 10, 1913, that I last saw her alive on Opt. 6, 1913
7 AGE  11 LESS than 1 day,hrs. 0Rmin,?	and that death occurred on the date stated above, at // W.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Culosis of the Fings  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) County, Chas,	Contributory Secondary  (Doration) yrs mos ds.  (Signed) As Raeley
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds  Where was disease contracted,
(Informani) Lat lata, Ind.	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Class 9, 191 3 Al Hampton Con Recistrate	Da Plates Uprilo, 1913.
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

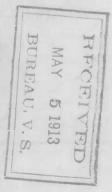
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, ctc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For VIO-



PERMANENT K WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

N.B.

RECORD

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	PLACE OF DEATH	STATE OF MARYLAND
	To harlo	CERTIFICATE OF DEATH
COL	unty	Registration Dist. No. /0 4
	man - man	na d
Viii	age or City 79 MM TULL	St.; Ward) [If death occurred in a hospital or institution,
		give its NAME Instead
	FULL NAME TOUCH	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, /// /	16 DATE OF DEATH April 22 1913
m	ale Black (Write the word)	(Month) (Day (Year)
6 0/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
01		, 191, to, 191,
	(Month) (Day (Year)	that I last saw h allve on
TAC		and that death occurred on the date stated above, at 2 9 m.
	94 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrs mos os OR min. ?	Old any
	CCUPATION Trade, profession, or	/_ A
par	ticular kind of work.	(Dud Dudden)
(D)	General nature of industry, iness, or establishment in	(Duralles)
whi	ch employed (or employer)	(Ouration) yrs mos ds.
9 BI	RTHPLACE (State or country)	Contributory Secondary
	Irrangeaud	(Duration) yrs mos ds.
	10 NAME OF THE	(Signed) Thung In Hard, Lical Registrary
_ 101 mour		Alan A a
ARENTS	OF FATHER (State or country) Not / Surveys	1911 2 (Address) Thubury miles
N N	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER HAL HANDEN	
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Not / mouve	At place In the of death yrs mos ds State yrs mos ds
14 T	HE ABOVE'S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Latin Farm	If not at place of dealh?
(	Informant)	usual residence
	(Address) 0007ESEY MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	11.1. 11	Muloh Cometen, Cooking April 24, 1913
File	od Mul 23, 1910 Stuyy M. Hard	20 UNDERTAKER ADDRESS
	Arteal REGISTRAR	Two It, Phade Payoide m
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croud";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis aant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion,"

